

Employment and Day Services Protocol Checklist

Service Recipient's Name _____ **Date of Birth** _____
(Last, First)

Reviewer's Name _____ **Date Request Submitted** _____
(Last, First)

Technical Review

<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is the correct funding source, site code, and service code used in Section C of the Individual Support Plan?</p> <p>If YES, continue to Question #1 in Section A or B as applicable.</p> <p>If NO and the wrong funding source, site code and service code is due to a simple error, correct the error and continue to Question #1 in Section A or B as applicable.</p> <p>If NO based on lack of a site code because the provider is not licensed or does not have an approved provider agreement, deny as non-covered due to failure to meet provider qualifications as specified in the waivers and in the TennCare rules applicable to the waivers.</p>
------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

A. Initial Employment and Day Services (Facility-Based Day, Community-Based Day, Supported Employment)

<p>1. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>1. Medical necessity review questions: (A.1)</p> <p>a. Is there sufficient information in the Individual Support Plan (ISP) to document that the service recipient has functional limitations involving self-help, socialization, and adaptive skills that are needed to participate in meaningful community activities, which may include acquiring and successfully maintaining paid employment; AND</p> <p>b. Is there sufficient information in the Individual Support Plan (ISP) to justify that the service recipient needs individualized services and supports to enable the service recipient to:</p> <p>(1) Acquire, retain, or improve self-help, socialization, and adaptive skills to participate in meaningful community-based activities with <i>specific</i> therapeutic goals and objectives; OR</p> <p>(2) To acquire and successfully maintain paid employment?</p> <p>c. Is the type of Employment and Day Services requested appropriate based on the service recipient's needs, therapeutic goals, and objectives?</p> <p>d. Can the service recipient be safely supported in the Employment and Day Services setting requested with minimal risk of self-harm, harm to others, or damage to property?</p> <p>NOTE: In general, Supported Employment should help to encourage greater independence in the performance of the job functions over time, such that 1 to 1 staffing would not be required on a continuous basis, but rather, gradually</p>
--------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<p>reduced as the person becomes more independent. Community-Based Day Services may involve shared community-based activities, where a single staff person can support more than one service recipient in achieving therapeutic goals and objectives. Except under exceptional circumstances, Supported Employment or Community-Based Day Services will not be approved if the service recipient requires more than 1 to 1 staffing (including the need for additional staff to be available for transfers and behavioral supervision/intervention). Any request for 2 to 1 staffing in any Employment and Day Services setting (i.e., 2 staff to one service recipient) or greater must be reviewed and approved by the DIDD Central Office. Such requests must be submitted in writing and must specify the staffing needs, the service recipient's medical conditions, diagnoses, and/or disabilities that create the need for such intensive staffing, and the specific functions or tasks the direct care staff are expected to perform, including the frequency with which each task must be performed.</p> <p>If YES to all of the criteria specified in "1.a" through "1.d" above, proceed to Question #2.</p> <p>If NO to any criterion specified in "1.a" through "1.d" above, stop and deny as <u>not medically necessary</u>.</p> <p>In addition, deny as a <u>non-covered service</u> any portion of the requested amount of Employment and Day Services requested which <i>exceeds</i> the waiver service limit of five (5) days per week and 243 days per service recipient per program year.</p>
<p>2. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is the amount of Employment and Day Services requested <i>consistent with</i> and not <i>in excess of</i> the amount of Employment and Day Services needed to meet the service recipient's needs and to accomplish the therapeutic goals and objectives? (A.2)</p> <p>If YES, stop and <u>approve</u> the requested amount of Employment and Day Services, subject to waiver service limits of five (5) days per week and 243 days per service recipient per program year.</p> <p>If NO, <u>approve</u> that portion of the total amount of Employment and Day Services requested that is <i>consistent with</i> the amount of Employment and Day Services needed to meet the service recipient's needs and to accomplish the therapeutic goals and objectives. <u>Deny as <u>not medically necessary</u></u> that portion of the total amount of Employment and Day Services requested that is <i>in excess of</i> the amount of Employment and Day Services needed to meet the service recipient's needs and to accomplish the therapeutic goals and objectives.</p> <p>In addition, deny as a <u>non-covered service</u> any portion of the requested amount of Employment and Day Services requested which <i>exceeds</i> the waiver service limit of five (5) days per week and 243 days per service recipient per program year.</p>
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	

B. Continuation of Employment and Day Services

<p>1. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Medical necessity review questions: (B.1)</p> <p>a. Is there sufficient information in the Individual Support Plan (ISP) to document that the service recipient <i>continues</i> to have functional limitations involving self-help, socialization, and adaptive skills that are needed to participate in meaningful community activities, which may include acquiring and successfully maintaining paid employment; AND</p> <p>b. Is there sufficient information in the Individual Support Plan (ISP) to justify that the service recipient <i>continues</i> to need individualized services and supports to enable the service recipient to:</p> <p>(1) Acquire, retain, or improve self-help, socialization, and adaptive skills to participate in meaningful community activities with <i>specific</i> therapeutic goals and objectives; OR</p> <p>(2) To acquire and successfully maintain paid employment?</p> <p>c. Is the type of Employment and Day Services requested <i>still</i> appropriate based on the service recipient's needs, therapeutic goals, and objectives?</p> <p>d. Can the service recipient be safely supported in the Employment and Day Services setting requested with minimal risk of self-harm, harm to others, or damage to property?</p> <p>NOTE: In general, Supported Employment should help to encourage greater independence in the performance of the job functions over time, such that 1 to 1 staffing would not be required on a continuous basis, but rather, gradually reduced as the person becomes more independent. Community-Based Day Services may involve shared community-based activities, where a single staff person can support more than one service recipient in achieving therapeutic goals and objectives. Except under exceptional circumstances, continuation of Supported Employment or Community-Based Day Services will not be approved if the service recipient requires more than 1 to 1 staffing (including the need for additional staff to be available for transfers and/or behavioral supervision/intervention). Any request for continuation of 2 to 1 staffing in any Employment and Day Services setting (i.e., 2 staff to one service recipient) or greater must be reviewed and approved by the DIDD Central Office. Such requests must be submitted in writing and must specify the staffing needs, the service recipient's medical conditions, diagnoses, and/or disabilities that create the need for such intensive staffing, and the specific functions or tasks the direct care staff are expected to perform, including the frequency with which each task must be performed.</p> <p>If YES to all of the criteria specified in "1.a" through "1.d" above, proceed to Question #2.</p> <p>If NO to any criterion specified in "1.a" through "1.d" above, stop and deny as <u>not medically necessary</u>.</p> <p>In addition, deny as a <u>non-covered service</u> any portion of the requested amount of Employment and Day Services requested which <i>exceeds</i> the waiver service limit of five (5) days per week and 243 days per service recipient per program year.</p>
--------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>2. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Does the amount of Employment and Day Services requested <i>continue</i> to be <i>consistent with</i> and not <i>in excess of</i> the amount of Employment and Day Services needed to meet the service recipient's needs and to accomplish the therapeutic goals and objectives? (B.2)</p> <p>If YES, stop and <u>approve</u> the requested amount of Employment and Day Services, subject to waiver service limits of five (5) days per week and 243 days per service recipient per program year.</p> <p>If NO, <u>approve</u> that portion of the total amount of Employment and Day Services requested that <i>continues</i> to be <i>consistent with</i> the amount of Employment and Day Services needed to meet the service recipient's needs and to accomplish the therapeutic goals and objectives. <u>Deny</u> as not medically necessary that portion of the total amount of Employment and Day Services requested that is <i>in excess of</i> the amount of Employment and Day Services needed to meet the service recipient's needs and to accomplish the therapeutic goals and objectives.</p> <p>In addition, deny as a non-covered service any portion of the requested amount of Employment and Day Services requested which <i>exceeds</i> the waiver service limit of five (5) days per week and 243 days per service recipient per program year.</p>
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	